



AQUATICS

ADULT ACTIVITY REGISTRATION AND MEDICAL RELEASE QUESTIONNAIRE

NAME _____ DATE _____

SEX _____ AGE _____ What is the present state of your general health? _____

PHYSICIAN'S NAME _____ PHONE # _____

Person to contact in case of emergency _____ PHONE # _____

What medication are you currently taking? _____

Are you now or have you been pregnant within the last 3 months? _____

Does your physician know you are participating in a swimming/fitness program? _____

Do you now have or have you had within the past year:

	YES	NO
1.) A history of heart problems?	_____	_____
2.) High blood pressure?	_____	_____
3.) Difficulty with physical exercise?	_____	_____
4.) A chronic illness?	_____	_____
5.) Advice from a physician not to exercise?	_____	_____
6.) A muscle, joint or back disorder that could be aggravated by physical activity?	_____	_____
7.) Recent surgery (within the past 3 months)?	_____	_____
8.) History of lung problems?	_____	_____
9.) Diabetes?	_____	_____
10.) Cigarette smoking habit?	_____	_____
11.) Obesity (more than 20lbs. Overweight)?	_____	_____
12.) High blood cholesterol?	_____	_____
13.) History of heart problems in the immediate family?	_____	_____

What regular physical activity do you presently do? _____

ACCIDENT/INJURY LIABILITY RELEASE CLAUSE

I, the undersigned, do hereby assume responsibility for any accident, injury or death that may result from my participation in the City of Charleston Athletic/Fitness Program. I understand there is risk of injury if I participate and hereby release the City of Charleston, South Carolina and the Department of Recreation, their agents, servants and employees from suits of law of whatsoever kind or nature.

Signature _____ Date _____